2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008
Secretary of State

DOCUMENT# P99000030253

Entity Name: WRI EMPLOYERS INSURANCE, INC.

Current Principal Place of Business:

4400 N. CONGRESS AVENUE
SUITE 250
WEST PALM BEACH, FL 33407

New Principal Place of Business:

2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411

Current Mailing Address:

4400 N. CONGRESS AVENUE
SUITE 250
WEST PALM BEACH, FL 33407

New Mailing Address:

2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411

FEI Number: 65-0927588 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OASIS OUTSOURCING ATTN:TERRY MOYETTE
4400 N CONGRESS AVE #250
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

OASIS OUTSOURCING ATTN:TERRY MOYETTE
2054 VISTAPARKWAY STE 300
WEST PALM BEACH, FL 33411 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TERRY MAYOTTE 02/22/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TCFO ( ) Delete
Name: MAYOTTE, TERRACE A
Address: 4400 N CONGRESS AVE 250
City-St-Zip: MIAMI, FL 33131

Title: S ( ) Delete
Name: MELVIN, STEPHEN
Address: 4400 N CONGRESS AVE 250
City-St-Zip: MIAMI, FL 33131

Title: P ( ) Delete
Name: PERLBERG, MARK
Address: 4400 N. CONGRESS AVE STE 250
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TCFO (X) Change ( ) Addition
Name: MAYOTTE, TERRACE A
Address: 2054 VISTA PARKWAY STE 300
City-St-Zip: WEST PALM BEACH, FL 33411

Title: S (X) Change ( ) Addition
Name: MELVIN, STEPHEN
Address: 2054 VISTA PARKWAY STE 300
City-St-Zip: WEST PALM BEACH, FL 33411

Title: P (X) Change ( ) Addition
Name: PERLBERG, MARK
Address: 2054 VISTA PARKWAY STE 300
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY MAYOTTE T 02/22/2008
Electronic Signature of Signing Officer or Director Date